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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(This is a new nonprovisional applications under 37 CFR 1.53(b))

UTILITY PATENT APPLICATION TRANSMITTAL <small>(This is a new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	41PR-7669
	First Named Inventor or Application Identifier	
	Title	METHODS FOR FACILITATING WEB-BASED INFORMATION EXCHANGE
	Express Mail Label No.	EL319731654US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification (Preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 21]</p> <p>4. Oath or Declaration [Total Pages <input type="text"/>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed) (Note Box 5 below)</small></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small></p>			
<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>			
ACCOMPANYING APPLICATION PARTS <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other: Express Mail Certificate</p>			

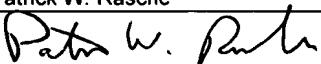
**NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).*

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____
Prior application information: _____ Examiner: _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<small>(Insert Customer No. or Attach bar code label here)</small>		or <input type="checkbox"/> Correspondence address below
ATTORNEY NAME ADDRESS CITY COUNTRY	John S. Beulick Armstrong Teasdale, LLP. One Metropolitan Sq., Suite 2600 St. Louis, MO 63102 US			
	STATE: MO	ZIP CODE: 63102	TELEPHONE: 314-621-5070	FAX: 314-621-5065

Name (Print/type) Patrick W. Rasche	Registration No. (Attorney/Agent) 37,916
Signature 	Date August 31, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL		Complete If Known											
<p>Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Application Number</td> </tr> <tr> <td colspan="2" style="text-align: center;">Filing Date</td> </tr> <tr> <td colspan="2" style="text-align: center;">First Named Inventor</td> </tr> <tr> <td colspan="2" style="text-align: center;">Group Art Unit</td> </tr> <tr> <td colspan="2" style="text-align: center;">Examiner Name</td> </tr> </table>		Application Number		Filing Date		First Named Inventor		Group Art Unit		Examiner Name	
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METHOD OF PAYMENT (check one)				FEES CALCULATION (continued)																																																																																																																							
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 01-2384</p> <p>Deposit Account Name </p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.16 at the Mailing of the Notice of Allowance</p> <p><input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>690</td><td>246</td><td>345</td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td></tr> <tr><td colspan="4">Other fee (specify) </td></tr> <tr><td colspan="4">Other fee (specify) </td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,360	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	690	246	345	149	690	249	345	Other fee (specify) 				Other fee (specify) 			
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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name Patrick W. Rasche				Reg. Number 37,916	
Signature Patrick W. Rasche		Date 8/31/00	Deposit Account User ID 		

PATENT
41PR-7669

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Date of Mailing: **August 31, 2000**

I certify that the attached utility patent application claiming benefit of Provisional Application Serial No. 60/173,844 filed December 30, 1999, identified by **Attorney Docket No. 41PR-7669**, for **METHODS FOR FACILITATING WEB-BASED INFORMATION EXCHANGE** including:

- Twenty-three (23) pages of specification; five (5) pages of claims; one (1) page of abstract
- Twenty-one (21) sheets of drawings
- Patent Application Transmittal (1 page)
- Fee Transmittal (in duplicate) (1 page)
- Certificate of Mailing Via Express Mail (1 page)
- Return post card

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to the Assistant Commissioner for Patents, Box **PATENT APPLICATION**, Washington, D.C. 20231.



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